

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577841

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						1
3						2
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						1
15						1
16						1
17						1
18						1
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21						1
22						1
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32						
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34						
35						1
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48						
49						
50						
TOTAL IND.		↓		↓	3	↓
TOTAL DEP.		↙		↙	16	↙
TOTAL CLAIMS					19	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						